

Minor Home Repair Projects

This section of the 2011 CDBG Application form should be used by nonprofit and local governments to request CDBG funds for projects involving minor rehabilitation of single-family housing that serve low-moderate income residents of unincorporated communities and cities listed in the Consortium Sub-regions.

Projects must be consistent with the King County Consortium Consolidated Housing & Community Development Plan for 2010-2012 and CDBG Program Regulations. Projects awarded funding for 2011 must be completed by December 31, 2011.

Threshold and Evaluation Criteria**“OTHER” CATEGORY - MINOR HOME REPAIR****THRESHOLD REQUIREMENTS -**

1. Proposed projects must be consistent with CDBG Program Regulations.
2. Proposed projects must be consistent with Consolidated Plan objectives and policies.
3. Planning or administrative projects would be limited by the CDBG program admin cap available after Admin Set-aside is adopted.

EVALUTION CRITERIA - - (LISTED IN NO PARTICULAR ORDER)

1. The extent to which the project addresses a strategy in the Consolidated Plan.
2. The ability of the project to be completed in one year.
3. The agency's responsiveness to community and client needs.
4. Projects under \$50,000 are discouraged.
5. The extent that all geographic areas and participating jurisdictions benefit fairly from CDBG- and HOME-funded activities over the three-year agreement period, so far as is feasible and within the goals and objectives of the Consolidated Plan.
6. The extent to which the project meets a specified need or a geographic sub-region as identified in the Request For Proposal (RFP).

Contents of PART VII

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Responses to Questions:**A. Project Information**

A.1 Project Description: Describe the project for which funding is requested and how it will address the problem/need described above. First describe the overall project and how it will address the problem/need described previously. Then, focus specifically on what these grant funds will be used to purchase. If the project has been funded before, explain what the new funds would add to the project.

Insert text here

A.2 Describe in detail, the program that is offered and the target population. Specify how you arrived at the total cost of the project. Identify licenses and permits required for the project.

Insert text here

A.3 Describe how the project is accessible or is working toward full accessibility in terms of:

A.3.1 Affordability

Insert text here

A.3.2 Transportation (proximity to public transportation, special transportation programs, vouchers, etc). How will clients get to facility?

Insert text here

A.3.3 Immediacy of services (how soon will this project's services become available, waiting list, etc.)

Insert text here

A.3.4 What efforts will your agency and community partners make to promote your program and reach isolated individuals?

Insert text here

B. Project Benefit

B.1 Describe how the data in the project benefit worksheet in PART II.C. was derived.

Insert text here

C. Performance Measures

Describe how the project meets the Consolidated Plan Objective Outcome and what performance measure(s) are used to demonstrate an outcome for both short term and long term indicators.

Insert text here.

C.1 Provide definition of performance measures that will be used for contracting purposes.

Examples: Emergency repair includes activities that protect, repair or arrest the effects of disasters, imminent threats or physical deterioration that pose an imminent danger to life, health or safety. Routine maintenance includes activities that merely keep a structure in good operating condition; such activities do not add to the value of the structure, appreciably prolong its useful life, or adapt it to new uses

PART VII - Minor Home Repair Application

2011 CDBG Capital Application

Indicate anticipated number and type of units of service below:

1. The Agency/City will serve, at minimum, the following unduplicated number of persons.

	1st Qtr Jan-Mar	2nd Qtr Apr-Jun	3rd Qtr Jul-Sep	4th Qtr Oct-Dec	Total in Year 2011
Number of unduplicated Households					

2. The Agency/City will provide, at minimum, the following cumulative units of service:

<i>Identify service</i>	1st Qtr Jan-Mar	2nd Qtr Apr-Jun	3rd Qtr Jul-Sep	4th Qtr Oct-Dec	Total in Year 2011

C.1.1 Measurable Outputs: Provide indicators of service delivery before and after project completion.

Define Unit	Number of Units			Indicate Annual No. of Households/Persons		
Current measurement of unit	Before No. of Units Provided	After Project Completion Annual No. of Units Provided	Difference	Before Project Annual No. of Persons Served	After Project Completion: Annual No. of Persons Served	Difference
Example: Minor Home Repair hours	40	45	+5	15	17	+2
<i>[Add rows as needed]</i>						

C.1.2 Summarize the sources of funds used to provide the existing services identified above.

Source of funds	Amount of Funds	Term of Commitment (start and end dates)

D - Budget for Minor Home Repair

D.1 Line Item Budget

Item	CDBG Funds	Other Funds	Status	Total Funds
*Environmental Review (King County Cost Set-aside)	\$ 1,000	\$		\$
Capital Outlay (Construction Contracts)	\$	\$		\$
Personnel (provide detail below)	\$	\$		\$
Office/Operating	\$	\$		\$
Project Management _____ %	\$	\$		\$
Communications	\$	\$		\$
Administrative Costs	\$	\$		\$
Other: (list)				
Sub-Total* (Less Environmental Review Cost)				
Total Project Budget:				

**Environmental Review (King County Cost Set-aside): This amount is set-aside until final environmental review costs are determined. Any balance remaining will be available for expenditure by Budget Revision Request from the Agency.*

D.2 Personnel Detail

Personnel Detail			
Position Title	Position Full Time Equivalent	Annual Salary and Benefits	CDBG Funds
		\$	\$
Total:		\$	\$

D.3 Reduction Options -- Can your project or program be funded a reduced level if necessary?

Yes ☐ No ☐ Minimum amount needed to make project viable: \$ _____

D.3.1 If yes, indicate what amount of funding is the minimum that would be required in order to be successful in the project activity but at a reduced level?

D.3.2 Explain what element of your project/program be modified to address this reduction?

E - Minor Home Repair Project Schedule**E.1 Timeline and Milestones for Project Activity**

Customize per your program tasks

Milestones	Projected Completion Date
Environmental Review - Programmatic	January 1, 2011
Environmental Review - Site Specific	Ongoing
1 st Quarterly Report	
2 nd Quarterly Report	
3 rd Quarterly Report	
4 th Quarter Activities Complete	December 31, 2011
Closing Documentation Submitted	January 7, 2012
Project Completion Report Filed w/HCD Staff	January 7, 2012
Project Closed	January 2011

F. PROJECT TEAM

Provide the name of the consultant or staff person who will perform the following tasks. Please note that consultants paid for with CDG funds must be selected through a competitive process and in accordance with 24 CFR Part 84 (nonprofit organizations) and 24 CFR Part 85 (local governments). If any of the tasks will be performed by a consultant, indicate who in your agency will be responsible for selecting the consultant.

Complete all of the following:

Prepare and submit CDBG Grant Application:

Consultant Agency: _____ Contact: _____
 E-mail: _____ Phone: _____

Applicant Staff responsible for consultant selection process: _____

E-mail: _____ Phone: _____

Prepare and submit environmental review forms:

Consultant Agency: _____ Contact: _____
 E-mail: _____ Phone: _____

Sub-Contract Applicant Staff responsible for client selection process: _____

E-mail: _____ Phone: _____

Sub-Contract Applicant Staff responsible for client selection process: _____

E-mail: _____ Phone: _____

Sub-Contract Applicant Staff responsible for client selection process: _____

E-mail: _____ Phone: _____

Sub-Contract Applicant Staff responsible for client selection process: _____

E-mail: _____ Phone: _____